

**COUNTY OF FAIRFAX Department of Planning and Zoning Zoning Evaluation Division** 

12055 Government Center Parkway, Suite 801 Fairfax, VA 22035 (703) 324-1290, TTY 711 www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION No: 5P 2014-SU-007

(Staff will assign)

RECEIVED Department of Planning & Zoning

FEB **03** 2014

**Zoning Evaluation Division** 

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)		
APPLICANT	NAME EUAN SAPPERSTEIN	
	MAILING ADDRESS	
	12401 ENGLISH GARDEN CT, HERNDON, VA 20171	
	12401 ENGLISH GARDEN CT, HERNDON, VA 20171 PHONE HOME (703) 470 9235 WORK (703) 534 1222	
	PHONE MOBILE (703) 470 9235	
PROPERTY INFORMATION	PROPERTY ADDRESS	
	12401 ENLLISH GARDEN CT HERNDON VA 2017   TAX MAP NO. SIZE (ACRES/SQ FT)	
	TAX MAP NO. SIZE (ACRES/SQ FT)	
	35-4-24-0019 \$ 35-4-24-2-5 37 183 SQ FT ZONING DISTRICT MAGISTERIAL DISTRICT	
	R-1 SULLY	
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:	
	N/A	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION	
	8-922	
	PROPOSED USE REDUCTION OF CERTAIN YARD REQUIREMENTS	
	TO PERMIT ADDITION: 11.9 Feet from side lot line for porch	
	TO PERMIT ADDITION: 11.9 Feet from side lot line for porch and 19.6 feet from side lot line for deck	
AGENT/CONTACT INFORMATION	NAME EVAN SAPPERSTEIN	
	MAILING ADDRESS	
	12401 ENGLISH GARDEN CT HERNDON, VA 20171 PHONE NUMBER HOME WORK	
	PHONE NUMBER HOME WORK 763 470 9235 763 534 1222	
	PHONE NUMBER  MOBILE 703 470 9235	
NEATT THE	Send all correspondence to (check one): Applicant -or- Agent/Contact	
MAILING	Send all correspondence to (check one). [2] Applicant -01- [3] Agend Condet	
The name(s) and addresses of	owner(s) of record shall be provided on the affidavit form attached and made part of this application. The	
undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.		
subject property as necessary	to process the apparation.	
TYPE/PRINT NAMI	E OF APPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT	

SP 2013-0193

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DO NOT WRITE IN THIS SPACE	U-B
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( Salvia Troffmu	
Date Application accepted: 21714 Application Fee Paid: \$ 910.	